

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>men</i>		06-06-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	6-15-1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	X		7/9/2001
2	X		8/10/02
3	X		1/4/02
4	X		
5	X		
6	X		
7	X		
8	X		
9	X		
10	X		
11	X		
12	X		
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42	X		
43	X		
44	X		
45	X		
46	X		
47	X		
48	X		
49	X		
50	X		

Claim	Final	Original	Date
51	X		7/9/2001
52	X		8/10/02
53	X		1/4/02
54	X		
55	X		
56	X		
57	X		
58	X		
59	X		
60	X		
61	X		
62	X		
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64	X		
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100	X		

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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